

## Social Security/Medicare Confirmation

Please complete this form and return it with the requested information to:

Fairfax County Retirement Agency  
10680 Main Street, Suite 280  
Fairfax, VA 22030-3812

If you have questions call 703-279-8200 or 1-800-333-1633.

*(Please check one box after each number below)*

1. ☐ I am currently receiving \$\_\_\_\_\_ as a monthly annuity from the Social Security Administration and have been receiving such amount since \_\_\_\_\_ (date).  
  
☐ I am not receiving any compensation from the Social Security Administration. If and when I start to receive such compensation, I shall notify your office at once.
2. ☐ I have Medicare. (Copy of Medicare card enclosed)  
  
☐ I have Medicare. (You already have a copy of my Medicare card on file)  
  
☐ I do not have Medicare yet but when I do I will send in a copy of the card.
3. ☐ Enclosed is a copy of my original determination of benefits from Social Security showing either the amount of the benefit or indicating that my claim was denied.  
  
☐ I authorize the Social Security Administration to release information to you regarding any benefit I may have been awarded.

Print Name\_\_\_\_\_ Social Security Number\_\_\_\_\_

Signed\_\_\_\_\_ Date\_\_\_\_\_